

BEST AVAILABLE
C

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/009216	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/		/		51				
2	/		/		/		52				
3	/		/		/		53				
4	/		/		/		54				
5	/		/		/		55				
6	/		/		/		56				
7	/		/		/		57				
8	/		/		/		58				
9	/		/		/		59				
10	/		/		/		60				
11	/		/		/		61				
12	2		/		/		62				
13	/		/		/		63				
14	/		/		/		64				
15	/		/		/		65				
16	/		/		/		66				
17	/		/		/		67				
18	/		/		/		68				
19	/		/		/		69				
20	/		/		/		70				
21	/		/		/		71				
22	/		/		/		72				
23	/		/		/		73				
24	/		/		/		74				
25	10		/		/		75				
26	10	D	/		/		76				
27	10	D	/		/		77				
28	10	D	/		/		78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	/		/		/		TOTAL IND.				
TOTAL DEP.	28		27		28		TOTAL DEP.				
TOTAL CLAIMS	39		38		39		TOTAL CLAIMS				